



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. E316535

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-00713
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	03	-	25	-	2014			0842	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR92	BLOCK NO.	
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	
		FEET	S	W	CALLOW ROAD	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252317730
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LAST NAME	SANDERS	FIRST NAME	JAMES	MIDDLE INITIAL	A
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STREET NEW ADDRESS	17831 62ND ST SE
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SANDEJA438JT	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	04	-	30	-	1957
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	1	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B98892X	STATE	WA	VIN#	1GBJ6H1B6XJ104194
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	CHEV	MODEL	C6000	STYLE	FB	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	FARMERS 602471684
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252382614
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LAST NAME	GETCHELL	FIRST NAME	JENNIFER	MIDDLE INITIAL	K
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STREET NEW ADDRESS	9205 163RD AVE NE
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CITY	GRANITE FALLS	ST	WA	ZIP	98252
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	GETCHJK183QL	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	11	-	13	-	1982
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES
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LICENSE PLATE #	ACS9868	STATE	WA	VIN#	
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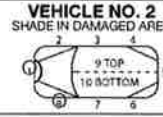
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2010	MAKE	DODG	MODEL	JOURNEY	STYLE	VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER	
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	NATIONAL GENERAL 23728
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. E316535

CASE # 14-00713

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		BROTHERTON HANNAH L																	
ADDRESS & PHONE #		9205 163RD AVENUE NE GRANITE FALLS WA 98252 4252382614																	
SEX		F		D.O.B. MMDDYYYY		04		02		2005									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	4	AIRBAG	6	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		TRAYNOR SAMANTHA J																	
ADDRESS & PHONE #		9205 163RD AVENUE NE GRANITE FALLS WA 98252 4252382614																	
SEX		F		D.O.B. MMDDYYYY		12		21		2010									
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	10	AIRBAG	6	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		HOWARD SAM L																	
ADDRESS & PHONE #		11334 36TH STREET NE LAKE STEVENS WA 98258 4253742763																	
SEX		M		D.O.B. MMDDYYYY		11		18		1957									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Vehicle 1 approaching SR92 from N/B Callow Road. Driver of vehicle 1 stated he stopped and didn't see any approaching vehicles on SR92. Vehicle 1 began to cross and collided with vehicle 2 which was travelling W/B on SR92. Vehicle 1 had stop sign traffic control. Vehicle 2 had no traffic control. Driver of vehicle 2 transported to Colby Campus by aid crew complaining of neck pain. Passengers of vehicle 2 released to grandmother on scene. Vehicle 2 impounded by Top Notch Towing.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 2

Seat Position (Passenger SAMANTHA TRAYNOR): CAR SEAT IN THIRD ROW

SEATS

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

03-25-14 10:38 AM

DATED

PLACE SIGNED

APPROVED BY

CHAD CHRISTENSEN 075

DATE

3/26/2014 6:59:31 AM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	8:43 AM	TIME POLICE ARRIVED	8:47 AM
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. E316535

CASE #

14-00713

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SANDERS JAMES A											
ADDRESS & PHONE # 1618 83RD AVENUE SE LAKE STEVENS WA 98258 4252317730										SEX M	D.O.B. MMDDYYYY 04	30	1957
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES				

NARRATIVE

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**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 2

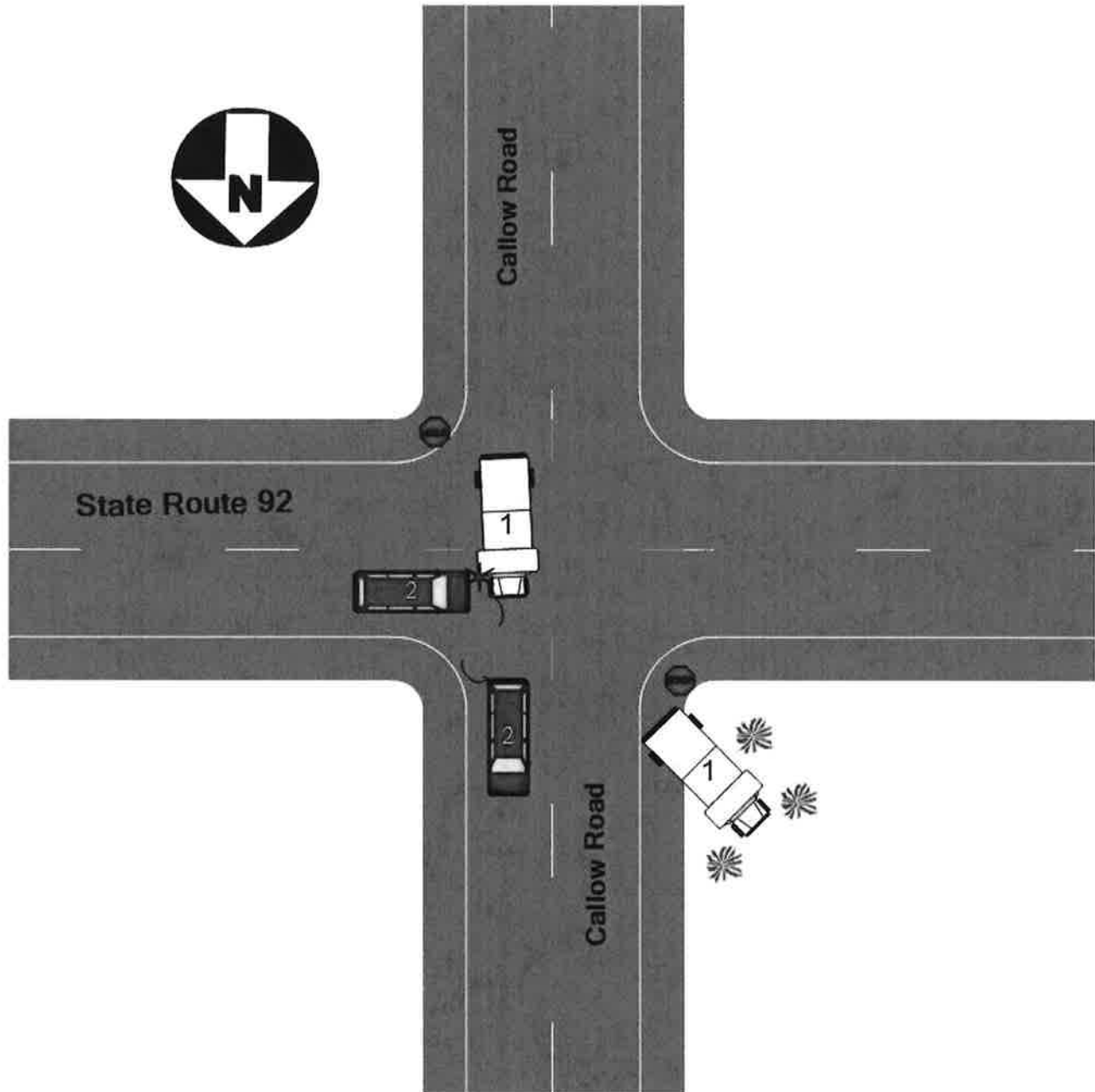
Seat Position (Passenger SAMANTHA TRAYNOR): CAR SEAT IN THIRD ROW

SEATS

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD		03-25-14 10:38 AM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		PLACE SIGNED	
APPROVED BY CHAD CHRISTENSEN 075				DATE 3/26/2014 6:59:31 AM	
BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	8:43 AM
				TIME POLICE ARRIVED	8:47 AM



CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND/TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH ___ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER
☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER/LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. THEY WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE TOW / IMPOUND AND INVENTORY RECORD

CASE / EVIDENCE NUMBER

14-00713

VEHICLE INFORMATION

VIN

3 | D | 4 | P | G | 4 | F | B | 3 | A | T | 2 | 7 | 6 | 5 | 6 | 2

LICENSE

ACS9868

STATE

WASHINGTON

YEAR

2010

MAKE

DODGE

MODEL

JOURNEY R/T

☐ Report of Sale

MILEAGE

DIGITAL UNREADABLE

☒ Digital

STYLE

VAN

COLOR

BLUE

DRIVER

NAME (LAST, FIRST, MI)

GETCHELL, JENNIFER K

STREET ADDRESS

9205 163RD AVE NE

CITY, STATE, ZIP CODE

GRANITE FALLS, WA 98252

PHONE

(425)238-2614

DOB

11/13/1982

REGISTERED OWNER

NAME (LAST, FIRST, MI)

GETCHELL, JENNIFER K

STREET ADDRESS

9205 163RD AVE NE

CITY, STATE, ZIP CODE

GRANITE FALLS, WA 98252

PHONE

(425)238-2614

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON 3/25/2014 AT 09:23 PURSUANT TO RCW 46.55.085 / 113 AND HAVING PERSONALLY INVENTORIED THE ITEMS
 (DATE) (24 HOURS)

IN THE DESCRIBED VEHICLE, I AUTHORIZED TOP NOTCH 2326984
 (TOWING FIRM) (DOL TRUCK NO.)

DRIVEN BY BILL TO REMOVE THIS VEHICLE FROM 11000 SR92/CALLOW ROAD
 (DRIVER'S PRINTED FIRST AND LAST NAME) (LOCATION)

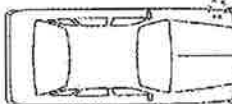
EQUIPMENT

- ☒ [1] KEYS
☐ LOCKED TRUNK
☐ LOCKED GLOVE BOX
☐ LOCKED CENTER CONSOLE
☐ AUTO STEREO
☐ [] DISC(S)
☐ HANDS FREE DEVICE
☐ GPS
☐ RADAR / LIDAR DETECTOR
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☒ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☒ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

N/A

EVIDENCE (PASSENGER'S SIDE)

N/A

INVENTORY

NOT INVENTORIED

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

vehicle collision blocking roadway. driver transported

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT TO THE TOWING FIRM'S OPERATOR WHO TOOK POSSESSION OF THE VEHICLE.

☒ I PROVIDED A COPY OF THIS TOW / IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE TO THE DRIVER OF THIS VEHICLE.

☐ THE VEHICLE WAS ABANDONED - A COPY OF THE TOW / IMPOUND REPORT WAS LEFT WITH THE VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT (RCW 9A.72.085), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

OFFICER'S ELECTRONIC SIGNATURE

R. Rutherford

SNOHOMISH, WA

130

Lake Stevens PD

COUNTY, WA

BADGE NO.

AGENCY

3000-110-078 (R 07/13)

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-00713

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Howard, Sam</u>	RACE <u>L</u>	ETH	SEX <u>M</u>	DOB <u>11/18/57</u>	AGE <u>56</u>	HGT <u>6</u>	WGT <u>205</u>	HAIR <u>BR</u>	EYES <u>BR</u>
STREET ADDRESS <u>11334 36th St NE</u>		CITY <u>Lake Stevens</u>		STATE <u>WA</u>		ZIP <u>98280</u>		RES. STATUS		
HOME PHONE <u>425 374 2663</u>		CELL PHONE <u>206 915 0828</u>		PLACE OF EMPLOYMENT <u>BOEING EVERETT</u>						
WORK PHONE <u>425 717 9580</u>		EMAIL ADDRESS <u>shl@silkhward.com</u>								

I, Sam Howard, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling WB on 92, behind the blue car that was hit. The blue car was driving WB and was impacted by a white Flatbed Truck that was attempting ~~to~~ to cross 92 NB.

The impact was ~~at~~ approximately in the middle of the WB Lane, and the Blue vehicle ended up facing NB on Callow Road on the north side of 92, the Flatbed ended up in the ditch on the Northwest corner of Callow & 92.

I assisted the family in the blue vehicle by letting them sit in my vehicle until aid cars arrived.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Sam Howard</u>	DATE SIGNED: <u>3/25/2014</u>	LOCATION SIGNED: <u>Callow Rd & HWY 92</u>
OFFICER/NUMBER: <u>130</u>	DATE SIGNED: <u>032514</u>	LOCATION SIGNED: <u>LAKE STEVENS</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-00713


VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) SANDERS JAMES ALFORD	RACE W	ETH	SEX M	DOB 4/30/57	AGE 56	HGT 510	WGT 240	HAIR GREY	EYES HAZ
STREET ADDRESS 1610 83RD AVE SE		CITY LAKE STEVENS		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-231-7730		CELL PHONE 425-231-7730		PLACE OF EMPLOYMENT TERRA FIRMA HARDSCAPES						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

AT APPROXIMATELY 8:15 ON 3-24-14 I WAS DRIVING BACK TO OR SHOP IN THE COMPANY TRUCK. I CAME TO A COMPLETE STOP AT THE STOP SIGN CROSSING HWY 92 ON CALLOW ROAD. I LOOKED BOTH WAYS AND DETERMINED IT WAS CLEAR TO CROSS THE HWY. WHILE CROSSING THE HWY, I NOTICED A CAR COMING EAST. I SAW THE DRIVER SLAMMING ON BREAKS AND I TRIED TO DITCH THE TRUCK TO AVOID A COLLISION. THE CAR STRUCK THE SIDE OF MY TRUCK AS IT WENT SIDEWAYS I ENDED IN THE DITCH

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 3-24-14	LOCATION SIGNED Callow Road
OFFICER/NUMBER: #138	DATE SIGNED 032314	LOCATION SIGNED LAKE STEVENS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>ROTHENFORD</i>			Case Number <i>14-00713</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>COLLISION</i>			Date/Time: <i>032514 0842</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # Action #	Item <i>CD PICTURES</i>	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item # Action #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item # Action #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item # Action #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Item # Action #	Item	Brand Name			Storage Location	Disposition	
	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							

Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:		
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room		
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File		

03/25/14 15:31:41 FROM ACCESS - TERMINAL ID: WWCIC FOR UNIT: ??????

QV.WA0311913.LIC/ACS9868

----- RECORD NUMBER 1 OF 1 -----

EXACT MATCH

NO WANTS-IMPOUNDED VEHICLE (BASED ON LIC,LIS)

MKE/EVI ORI/WA0311900 LIC/ACS9868.WA.2015.PC

VIN/3D4PG4FB3AT276562.2010.DODG..VN.BLU DOT/03/25/2014

OCA/5705

MIS/VERIFY 3605688877

ENT: 03/25/2014 AT 1529 FROM SE80 BY/PD LAKE STEVENS (EVECC)

WAC/14V0034280 FIL/I1408404446

03/25/14 15:29:33 FROM ACCESS - TERMINAL ID: WWCIC FOR UNIT:

WA0311900

ENTERED EVI LIC/ACS9868 VIN/3D4PG4FB3AT276562

WAC/14V0034280 OCA/5705

03/25/2014 AT 15/29

BE ADVISED THAT SNOPAC EVERETT PREVIOUSLY INQUIRED ON: LIC/ACS9868

AT 08:48 ON 03/25/2014 FROM SE270 MNE(SE270)

BE ADVISED THAT PD LAKE STEVENS PREVIOUSLY INQUIRED ON: LIC/ACS9868

AT 15:28 ON 03/25/2014 FROM SE80 MNE(SE80)

55128
55100

03/25/14 15:29:34 FROM ACCESS - TERMINAL ID: WWCIC FOR UNIT:
**** WACIC ADVISORY MESSAGE ****
RECEIVED NICB IMPOUND ENTRY FROM NLETS:
VIN/3D4PG4FB3AT276562
FIL/I1408404446
SUCCESSFULLY MATCHED NICB ENTRY WITH:MKE/EVI WAC/14V0034280
ENTERED BY YOUR DEPARTMENT.
**** END WACIC ADVISORY ****

/0938	CLOSE	19D3
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